OAHU CANDIDATES-SUBMIT 1 ORIGINAL AND 1 COPY NEIGHBOR ISLAND CANDIDATES-

SUBMIT 1 ORIGINAL AND 2 COPIES

Candidate Signature

CAMPAIGN SPENDING COMMISSION

DISCLOSURE REPORT CANDIDATE COMMITTEE



PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR CANDIDATE COMM SECTION I-CANDIDATE AND CANDIDATE COMMITTEE: SECTION II-TYPE OF REPORT: (a) Candidate Name: (See the Schedule of Reporting Dates to complete this section) LI ZHAO 1st Preliminary Primary Second Fourth (b) Committee Name: FRIENDS OF LI ZHAO 2nd Preliminary Primary (c) Mailing Address: 94-1072 ALELO ST Final Primary WAIPAHU, HI 96797 Preliminary General REPORTING PERIOD (d) Phone (Bus) 949-5588 (Res) 676-0825 **Final Election Period** 01/01/2006 through 06/30/2006 Treasurer's Supplemental SECTION III-SUMMARY OF RECEIPTS AND DISBURSEMENTS (Complete Section IV on the Back of this Form Before Completing This Section) **COLUMN A COLUMN B ELECTION PERIOD**² **TOTAL THIS PERIOD TOTAL TO DATE** 0.00 Cash on Hand at the Beginning of the Election Period..... Cash on Hand at the Beginning of this Reporting Period..... 75.00 75.00 Total Receipts (From Line 15)..... 75.00 Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B)..... 75.00 75.00 Total Disbursements (not including Unpaid Expenditures) (From Line 19)..... 75.00 0.00 Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4).... 0.00 Total Loans at the Closing of this Reporting Period..... Total Unpaid Expenditures at the Closing of this Reporting Period..... Debts Owed at the Closing of this Reporting Period (Add Lines 7 and 8)..... 10. Surplus/Deficit /Subtract Line 9 from Line 6)..... 0.00 I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

Treasurer Signature

Short form reporting requires completion of only Section II, and Section III of this Disclosure Report.

An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if a candidate is seeking nomination or election to a four-year office.

¹ Short Form is checked if the candidate is filling a Preliminary, Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling \$2,000 or less.

SECTION IV-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS (If Necessary, Complete Schedules A through E Before Completing This Section)

COLUMN A

75.00

75.00

COLUMN B

ELECTION PERIOD RECEIPTS TOTAL THIS PERIOD TOTAL TO DATE 11. Contributions From: Individuals/Other Entities/Noncandidate Committees/Political Parties 11(a) Monetary and Non-Monetary Contributions of \$100 or Less..... 11(a)(i) Monetary and Non-Monetary Contributions of More Than \$100..... 11(a)(ii) Subtotal (Add Lines 11(a)(i) and 11(a)(ii))..... 11(a)(iii) Candidate or Candidate's Immediate Family 11(b) (i) Monetary and Non-Monetary Contributions of \$100 or Less..... 75.00 11(b)(i) 75.00 Monetary and Non-Monetary Contributions of More Than \$100..... 11(6)(ii) (iii) Subtotal (Add Lines 11(b)(ii) and 11(b)(ii))..... 75.00 75.00 11(b)(iii) 12. Total Contributions (Add Lines 11(a)(iii) and 11(b)(iii)..... 75.00 75.00 12 13. Public Funds and Other Receipts..... 14. Loans..... 15. Total Receipts (Add Lines 12 through 14). 75.00 75.00 **DISBURSEMENTS** 16. Expenditures.... 75.00 75.00 16 17. Loans Repaid or Forgiven..... 17 18. Unpaid Expenditures Paid or Forgiven..... 19. Subtotal Disbursements (Add Lines 16 through 18)..... 75.00 75.00

20. Unpaid Expenditures.....

21. Total Disbursements (Add Lines 19 and 20).....

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

SCHEDULE B EXPENDITURES CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

RIENDS OF	ND CANDIDATE COMMITTEE NAME:	PAGE 1 OF	1

OATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT OF EXPENDITURE OR FAIR MARKET VALU OF NON-MONETAR CONTRIBUTION THIS PERIOD
	NON-MONETARY CONTRIBUTION		
06/09/2006	OFFICE OF ELECTIONS	FILING FEE	75.00
******	The same and the s		
	NON-MONETARY CONTRIBUTION		
	NON-MONETARY CONTRIBUTION		
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***************************************	NON-MONETARY CONTRIBUTION		
	NON-MONETARY CONTRIBUTION		
	NON-MONETARY CONTRIBUTION		
	NON-MONETARY CONTRIBUTION		
SUBTOTAL OF EXPENDITURES THIS PERIOD (This Page)			75.00
TOTAL EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 16 of the Disclosure Report)			75.00

Form CC-5(B) (Rev. 5/99)